

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Crown Alana Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Natural Resources Agency

Division, Board, Department, District, if applicable

Your Position

Department of Conservation - DOGGR - Inland - Engineering Geologist

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County ☐ County of  
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

- ☐ Annual: The period covered is January 1, 2017, through December 31, 2017.  
-or- The period covered is / / , through December 31, 2017.  
☒ Assuming Office: Date assumed 11/30/2018  
☐ Leaving Office: Date Left / /  
(Check one)  
☐ The period covered is January 1, 2017, through the date of leaving office.  
-or-  
☐ The period covered is / / , through the date of leaving office.  
☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page:

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

4109 Abbott Dr.

Bakersfield

CA

93312

DAYTIME TELEPHONE NUMBER

(661) 326-6038

E-MAIL ADDRESS

alana.crown@conservation.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/17/2018  
(month, day, year)

Signature  
(File the originally signed statement with your filing official.)